



IDAHO DEPARTMENT OF
HEALTH & WELFARE

JAMES E. RISCH – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T. – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

September 14, 2006

FILE COPY

Barbara Scott, Administrator
Haven Acre's Residential Care
816 N Brigger St
Post Falls, ID 83854

License #: RC-438

Dear Ms. Scott:

On July 11, 2006, a life safety code survey was conducted at Haven Acre's Residential Care. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Life Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL
Team Leader
Health Facility Surveyor
Facility Fire, Life Safety, and Construction Program

EM/slc

c: Mark Grimes, Supervisor, Facility Fire, Life Safety, and Construction Program



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July 25, 2006

FILE COPY

Barbara Scott, Administrator
Haven Acre's Residential Care
816 North Brigger Street
Post Falls, ID 83854

Dear Ms. Scott:

On July 11, 2006, a fire/life safety and sanitation survey was conducted at Haven Acre's Residential Care. The facility was found to be providing a safe environment for residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by **August 11, 2006**.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

Patty Watt - Deier, LSW for

JAMIE SIMPSON, BS, QRMP, MBA
Supervisor
Residential Community Care Program

JS/sm

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R438	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2006
NAME OF PROVIDER OR SUPPLIER HAVEN ACRE'S RESIDENTIAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 816 N BRIGGER ST POST FALLS, ID 83854		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R9999	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety standards of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on July 11, 2006. The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Team Leader Health Facility Surveyor</p>	R9999			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

DTKP21

If continuation sheet 1 of 1



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Haven Acres Residential Care</i>	Physical Address <i>816 North Brigger Street</i>	Phone Number <i>713 3455</i>
Administrator <i>Barbara Scott</i>	City <i>Post Falls</i>	ZIP Code <i>83854</i>
Survey Team Leader <i>Eric Mandell</i>	Survey Type <i>FLS</i>	Survey Date <i>July 11/2006</i>

NON-CORE ISSUES

Auditing

ITEM #	RULE #	DESCRIPTION	DATE RESOLVED
1	16.03.22.250.15	<i>Call System: The intercom was not operable. No other means was available for residents to use as a signaling system to contact staff in any electrical form.</i>	<i>Delay submitted</i>
2	16.03.22.415.01	<i>Safely Maintained: No safe receptacles were available to dispose of smoking materials in smoking area. Butts were disposed of in open plastic containers which contained paper towels and tissues.</i>	<i>9/8/06 Recept in</i>
3	16.03.22.750.05	<i>b. The results of monthly testing of fire alarms by a designated employee were not available.</i>	<i>9/8/06</i>
4	16.03.22.750.06	<i>A record of the automatic fire warning system was not maintained at the facility (last done tag was Feb '05).</i>	<i>9/8/06 in</i>
5	16.03.22.750.01	<i>Written fire drill documentation was not available or maintained on file.</i>	<i>9/8/06 in</i>

Response Required Date

Signature of Facility Representative

August 11, 2006

X Barbara Scott